



CHARITABLE GAMING ANNUAL EVENT APPLICATION

Department of State

Division of Charitable Solicitations and Gaming
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

WARNING:
**THE TENNESSEE BUREAU OF INVESTIGATION
SHALL INVESTIGATE GAMING VIOLATIONS**

OFFICE USE ONLY

Fee Pd.

Yes ☐ No ☐

Date/Time Rec'd

Amount:
\$

Rec. No.

INSTRUCTIONS: Type or print in ink an answer to each question, attaching additional sheets if necessary. You must answer each question completely and accurately and attach all required documents. Failure to do so will result in the rejection of this application. **A nonrefundable fee must accompany this application.** The fee is based upon estimated gross revenue from the gaming event. Check the appropriate box and submit the appropriate fee:

Event Gross RevenueApplication Fee\$ 5,001.00 to \$10,000.00..... \$300.00 ☐\$10,001.00 to \$20,000.00..... \$450.00 ☐\$20,001.00 and over..... \$600.00 ☐

1. Name of organization _____
2. Date when organization was legally established: (Month/Day/Year) _____
3. Place where organization was legally established: (State) _____ FEIN: _____
4. Type of organization structure (check one): Corporation ☐ Trust ☐ Unincorporated Association ☐ Foundation ☐
Other: _____
5. Purpose of Organization (check one): Religious ☐ Educational ☐ Charitable ☐ Scientific ☐ Health ☐ Literary ☐
Foster Amateur Sports ☐ Prevention of Cruelty to Children ☐ Prevention of Cruelty to Animals ☐
Testing for Public Safety ☐ Other (Describe) _____
6. Physical address in Tennessee: **(P.O. box not acceptable)** (Street) _____
(City) _____ (County) _____ (State) _____ (Zip) _____
7. Physical address of principal office outside Tennessee: **(P.O. box not acceptable)**
(Street) _____
(City) _____ (County) _____ (State) _____ (Zip) _____
8. Mailing address in Tennessee: (Street) _____
(City) _____ (County) _____ (State) _____ (Zip) _____
9. Mailing address of principal office outside Tennessee: (Street) _____
(City) _____ (County) _____ (State) _____ (Zip) _____
10. Name of Tennessee citizen to receive process: **(All required notices will be mailed to this individual):**
(Name) _____
11. Telephone Number in Tennessee: Organization ☐ Chairperson ☐ President ☐ Chief Administrative Officer ☐
() _____ Fax Number: () _____ E-mail address: _____
12. If the principal office of the organization is out of state, provide the telephone number of the out of state principal office: () _____
13. Attach a list of names and physical addresses for all officers, trustees, directors and principal salaried staff.

14. List the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will operate the annual event:

(Name & Title)	(Name & Title)
(Street)	(Street)
(City) (State) (Zip)	(City) (State) (Zip)
(Name & Title)	(Name & Title)
(Street)	(Street)
(City) (State) (Zip)	(City) (State) (Zip)

15. List below the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will have final responsibility for the custody of the funds derived from the annual event:

(Name & Title)	(Name & Title)
(Street)	(Street)
(City) (State) (Zip)	(City) (State) (Zip)

16. List below the name(s) and title of the individual(s) or officer(s) of the organization responsible for the final distribution of the funds derived from the annual event:

(Name & Title)	(Name & Title)
(Street)	(Street)
(City) (State) (Zip)	(City) (State) (Zip)

17. CHECK THE APPROPRIATE BOX FOR THE STATEMENT BELOW:

Yes <input type="checkbox"/> No <input type="checkbox"/>	A. Does the Internal Revenue Service recognize the organization as tax exempt under Internal Revenue Code § 501(c)(3)? If no, stop here. He organization does not qualify for a gaming event.
Yes <input type="checkbox"/> No <input type="checkbox"/>	B. Has the organization been active and in continuous existence for at least five (5) years immediately preceding the event date listed on this application?
Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Has tax exempt status ever been revoked by the Internal Revenue Service?
Yes <input type="checkbox"/> No <input type="checkbox"/>	D. Is the applicant required to file Form 990 with the Internal Revenue Service?
Yes <input type="checkbox"/> No <input type="checkbox"/>	F. Has a majority of the executive board or board of directors approved minutes indicating the intent to operate an event if such event is authorized by the general assembly?
Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Does the organization have chapters or affiliates in Tennessee operating under the same tax exemption?
Yes <input type="checkbox"/> No <input type="checkbox"/>	H. Is this a joint event by more than one (1) organization?

18. ATTACH THE FOLLOWING RECORDS. (IF NOT APPLICABLE CHECK “N/A”):

Yes <input type="checkbox"/> No <input type="checkbox"/>	A. Copy of determination letter from the IRS establishing organization as a §501(c)(3) tax-exempt organization.
Yes <input type="checkbox"/> No <input type="checkbox"/>	B. Affidavit affirming exempt status is still in effect. (form ss-6060)
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Organizing Documents and Documents establishing organization has been in active and continuous existence for the least five (5) years. You must include : 1) Organizing document (charter, constitution, articles of association, trust instrument) 2) Affidavit affirming continuous existence (form SS-6060) AND 3) Current IRS form 990 and schedules (1st year) and 4 additional years of proof of existence (e.g. IRS form 990 and schedules, charitable solicitation permit, corporation's filed annual reports, etc.)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>	4) If no IRS form 990, Attach Affidavit Affirming filing of Form 990. (form SS-6061)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>	D. Copy of reinstatement letter from the Internal Revenue Service if tax exemption has ever been revoked.
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	E. 1) Copy of minutes authorizing the gaming event approved by a majority of all Executive Committee members or Board of Directors 2) If no, attach affidavit in lieu of minutes signed by all directors or Executive Committee members (form SS-6022)
Yes <input type="checkbox"/> No <input type="checkbox"/>	F. List of names and physical addresses of officers, trustees, and principal salaried staff.
Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Affidavit affirming no criminal convictions by officer, director, trustee or principal staff. (form SS-6060)
Yes <input type="checkbox"/> No <input type="checkbox"/>	H. Affidavit waiving privacy rights. (form SS-6063)
Yes <input type="checkbox"/> N/A <input type="checkbox"/>	I. If a joint event is planned, a list of the names and Tennessee addresses of each organization(s) participating in the joint event.
Yes <input type="checkbox"/> No <input type="checkbox"/>	K. If group exemption, a list of names and Tennessee addresses of chapters or affiliates.

19. EVENT INFORMATION

A. Annual event name: _____

B. Annual event to be operated by: Single Organization ☐ or Multiple Organizations (Joint Event) ☐

C. Annual Event Date (Month/Day/Year): _____

D. Date of the last Annual Event held or to be held by the organization (if applicable): _____

E. Single Type of Lottery Event (Example: Raffle, Cakewalk): _____

WARNING: Bingo, Pulltabs, Punchboards, Video Lottery Games, Keno, Games of Chance Associated with Casinos and Similar Games are Expressly Prohibited.

F. Provide a detailed description of the lottery game: _____

G. List the charitable programs or purposes that will be funded with proceeds from the event:

- (1) Program A or Purpose #1: _____
- (2) Program B or Purpose #2: _____
- (3) Program C or Purpose #3: _____

H. Location of Event: (Only two organizations may operate an event each calendar month at a location. An alternative location for your event may be required.)

An event may also be operated by an organization on the same event day in one county where it has a physical presence in each grand division of the state as described in §§4-1-201 to 4-1-204. If an event will be conducted at additional location(s), attach a sheet indicating the street, county, city and zip of the additional event locations.

(Street) _____ (City) _____

(County) _____ (State) _____ (Zip) _____

I. Does the organization have a physical presence in the county where the event will be located? Yes ☐ No ☐

J. Estimated number of Tickets ☐ Shares ☐ Chance ☐ Other ☐ to be sold (Check One): _____

If "other", describe: _____

K. Price per "Ticket", "Share", "Chance" or "Other" to be sold: _____

The Chair, President or Chief Administrative Officer AND the Preparer of the application must sign and certify that, under criminal penalty of perjury, the information contained in this application is true and correct.

Chair, President or Chief Administrative Officer (Signature)

Preparer's Name (Signature)

Print Name and Title

Print Name and Title

Date

Date

JOINT EVENT INFORMATION

(List Names And Addresses Of All Organizations Participating In Joint Event)

Organization A:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

Organization B:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

Organization C:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

Organization D:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

Organization E:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

Organization F:

Name: _____ FEIN: _____

(PHYSICAL STREET ADDRESS) (P.O. BOX NOT ACCEPTABLE)

(MAILING ADDRESS – STREET/PO BOX)

(CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)